REFERENCE: 8030 EFFECTIVE: 09/15/11 REVIEW: 09/15/13

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BURN DESTINATION AND CRITERIA POLICY

PURPOSE

To ensure the appropriate destination of patients sustaining burn injuries.

AUTHORITY

Health and Safety Code Sections 1797.220, 1797.222 & 1798. California Code of Regulations, Title 22, Division 9, Sections 100144, 100304, 100107, 100128, 100175A2.

DEFINITIONS

Adult Patients: A person appearing to be \geq fifteen (15) years of age.

<u>Pediatric Patients</u>: A person appearing to be < fifteen (15) years of age.

<u>Burn Patients</u>: Patients meeting ICEMA's burn classifications, minor, moderate or

major.

Critical Trauma

Patients (CTP): Patients meeting ICEMA's Critical Trauma Patient Criteria

Trauma Hospital: A licensed general acute care hospital designated by ICEMA's

Governing Board as a trauma hospital in accordance with State laws

and regulations.

POLICY

A. TRANSPORTATION

- 1. Burn patients meeting minor or moderate classifications will be transported to the closest receiving hospital.
- 2. Burn patients meeting major burn classification will be transported to the closest most appropriate burn center (in San Bernardino County contact ARMC).
- 3. Burn patients meeting the physiologic or anatomic criteria for CTP will be transported to the most appropriate trauma hospital, Refer to Protocol #15030, Trauma Triage Criteria and Destination Policy.

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4. Pediatric burn patients identified as a CTP should always be transported to the closest trauma center with or without burn capabilities. When there is less than twenty (20) minutes difference in transport time, a pediatric trauma center is the preferred destination.

- 5. When estimated transport to the most appropriate trauma hospital (for patients identified as a CTP) is thirty (30) minutes or less, ground ambulance shall be the primary means of transport. EMS Aircraft transport shall not be used unless ground transport is expected to be greater than thirty (30) minutes and EMS Aircraft transport is expected to be significantly more expeditious than ground transport. If an EMS aircraft is dispatched, adherence to Protocol #8070 Aircraft Destination Policy (in San Bernardino County) is mandatory.
- 6. Burn patients with respiratory compromise, or potential for such, will be transported to the closest receiving hospital for airway stabilization.
- 7. Hospital trauma diversion status: Refer to Protocol #8060 San Bernardino County Requests for Hospital Diversion Policy.
- 8. Paramedics may contact the base station or trauma base station for destination consultation on any patient that does not meet any of the above criteria, but who, in the paramedic's opinion, would be more appropriately serviced by direct transport to a burn center.

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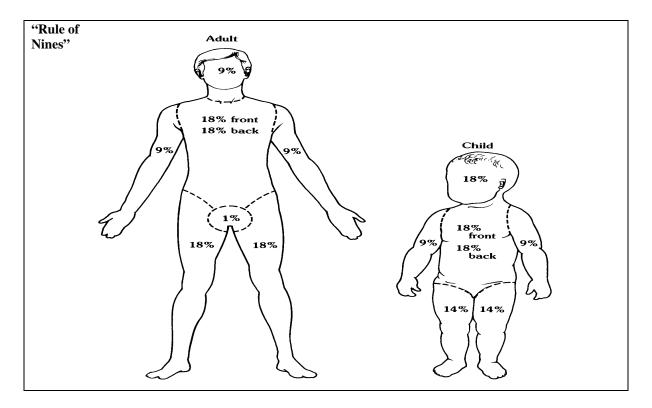
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B. BURN CLASSIFICATIONS

ADULT BURN CLASSIFICATION CHART MINOR – ADULT • < 10% TBSA • < 2% Full Thickness	PEDIATRIC BURN CLASSIFICATION CHART MINOR - PEDIATRIC • < 5% TBSA • < 2% Full Thickness	DESTINATION CLOSEST RECEIVING HOSPITAL
MODERATE – ADULT • 10 - 20% TBSA • 2 - 5% Full Thickness • High Voltage Injury • Suspected Inhalation Injury • Circumferential Burn • Medical problem predisposing to infection (e.g., diabetes mellitus, sickle cell disease)	 MODERATE - PEDIATRIC 5 - 10% TBSA 2 - 5% Full Thickness High Voltage Injury Suspected Inhalation Injury Circumferential Burn Medical problem predisposing to infection (e.g., diabetes mellitus, sickle cell disease) 	CLOSEST RECEIVING HOSPITAL
MAJOR – ADULT • >20% TBSA burn in adults • > 5% Full Thickness • High Voltage Burn • Known Inhalation Injury • Any significant burn to face, eyes, ears, genitalia, or joints	MAJOR - PEDIATRIC • > 10% TBSA • > 5% Full Thickness • High Voltage Burn • Known Inhalation Injury • Any significant burn to face, eyes, ears, genitalia, or joints	CLOSEST BURN CENTER In San Bernardino County, contact: Arrowhead Regional Medical Center (ARMC)

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C. EXCEPTIONS

The burn patient who presents with the following:

Airway Stabilization: Transport to the closest receiving hospital for airway stabilization when the patient:	has respiratory compromise, or potential for compromise
Transport to the closest most appropriate receiving hospital when the patient:	has deteriorating vital signsis pulseless and apneic
EMS Aircraft Indications: An EMS aircraft may be dispatched for the following events:	 MCI Prolonged extrication time (> twenty (20) minutes) Do Not Delay Patient Transport waiting for an enroute EMS aircraft
EMS Aircraft Transport Contraindications: The following are contraindications for EMS aircraft patient transportation:	 Patients contaminated with Hazardous Material who cannot be decontaminated and who pose a risk to the safe operations of the EMS aircraft and crew. Violent patients with psychiatric behavioral problems and uncooperative patients under the influence of alcohol and/or mind altering substances who may interfere with the safe operations of an EMS aircraft during flight.

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	 Stable patients Ground transport is < 30 minutes Traumatic cardiac arrest Other safety conditions as determined by pilot and/or crew
Remote Locations:	Remote locations may be exempted from specific criteria upon written permission from the EMS Medical Director.

D. CONSIDERATIONS

- 1. Scene time should be limited to ten (10) minutes under normal circumstances.
- 2. Burn patients with associated trauma, in which the burn injury poses the greatest risk of morbidity or mortality, should be **considered** for transport to the closest most appropriate Burn Center. Trauma base station contact shall be made.

E. RADIO CONTACT

- 1. If not contacted at scene, the receiving trauma hospital must be notified as soon as possible in order to activate the trauma team.
- 2. For patients meeting Trauma Triage Criteria (Physiologic, Anatomic, Mechanism of Injury, and/or Age and Co-Morbid Factors), a trauma base station shall be contacted in the event of patient refusal of assessment, care, and/or transportation.
- 3. In Inyo and Mono Counties, the assigned base station should be contacted for CTP consultation.